## PRELIMINARY INFORMATION — ANSWER <u>EACH</u> OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS UNITED STATES HOUSE OF REPRESENTATIVES B. Did you, your spouse, or your dependent child purchase, sell, or 2020 FINANCIAL DISCLOSURE STATEMENT IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. in the current calendar year up through the date of filing? E. Did you hold any reportable positions during the reporting period or D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the <u>Name:</u> all three tests for exemption? Do not answer "yes" unless you have first consulted with the Consmittee on Ethics TRUSTS — Details regarding "Castified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? reporting period? exceeding \$1,000 during the reporting period? EXEMPTION - Have you excluded from this report any other essets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet REPORT STATUS FLEX Receive more than \$200 in uneamed income from any reportable end of the reporting period? or asset during the reporting period trestrick X X 2020 Annual (Due: May 17, 2021) House of Representatives Member of the U.S. District: \$ **≱ 7**08 ₹ ¥**9**\$ X ₹ Daytime Telephone. Amendment 좋 증 20 중 For Use by Members, Officers, and Employees چ آ メ × × H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calender year up through the date of filing? I. Did any individual or organization make a donation to charity in ileu of paying you for a speech, appearance, or article during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" source during the reporting period? Form A Employee Officer or Employing Office: Date of Termination; Termination Į. A \$200 permity what be assessed algerishing individual who files more than 30 days late. PLATE SENDERS CALLED 2019/1989 489 99W) 7: 53 HAND 1 of 3 Shared Staff Filer Type: (If Applicable) **₹ ₹** ¥88 ₹ **¥** 즇 줉 Principal Assistant <del>Z</del> ᇂ 공 픙 7 Z ᇂ 区 X 闷 × × × ×

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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$\vdash \vdash$				Ť	For bank and other cosh accounts, total the amount in fail interret-bearing accounts, if the total is over \$5,000, list every financial institution where there is more than all interret there is more than a complete accounts.  For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Blook A.  Excellent Your personal residence, including second homes after vecition homes (urless there we rental thomes during the reporting period); and any financial threast in, or income derived from, a federal threast in, or income derived from a Excepted investment program, including the Thirtt Savings Plan.  If you report a privately-traded fund that is an Excepted investment program, including the Thirtt savings Plan.  If you so choose, you may indicate that an asset or home ecurse is that of your apouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	Assets and/or income Sources liverity (e) each esset held for invasiment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (e) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).  For all IRAs and other retirement plans (such as 400(k) plans) provide the value for each asset held in				
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Ш									\$15,001-\$50,000	Value of Asset Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which you have no impresst.
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Ш				X					TAXOBERRED	Type of income  Check at columns that apply. For accounts that generate tax-deferred income (such as 401(s), IRA, or 629 accounts), you may chack the Tax-Deferred in the tax-deferred income. Deferred in the tax and capital gains, even if reinvested, must be displaced as income for assets held in taxable accounts. Check "hone" if the assets generated no income during the reporting period.
						Partner	Royelties		Other Type of Income	ecounts (0/1(k), ritu Tax-Data si gains, si lincents x "None"
						Partnership Income	8		(Specify: e.g., Partnership Income or Farm Income)	Defendence of the party of the
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Н	_	Н	Н	×	H	<u> </u>	$\vdash$		\$15,001-\$50,000 <u>\$</u> \$50,001-\$100,000 <u>\$</u>	Amount of Income to you checked Tax-Defen ne" column. For all cher e by checking the apont, and expital gains, a die income for asset tone" if no income was se to interest.
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				S				3	Establishment of the transfer	Transactic indicate if the saset had saset had purchases (P), askes (S), or exchange (S) or the aporting period.  If only a portion an asset was a portion and asse
									Leave this column blank if there are no transactions that acceeded \$1,000.	Transaction indicate if the seet had seet had purchases (P), asks (S), or exchange (E) in the sporting period.  If only a portion of an asset was sold, please indicate set billower: (S) (caril).
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## SCHEDULE D - LIABILITIES

Page 3 of 3 suffit swed during the reporting residence (unless repersonally liable); and liabilities	the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting set property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless miture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities.	Name: Frederick S. Keller
	unt swad during the reporting your personal residence (unless personally liable); and liabilities	Page 3 of 3

Report liabilities of over \$10,000 awed to any one creditor at any time during the reperiod. Members: Members are required to report all liabilities secured by real proyou rent it out or are a Member); loans secured by automobiles, household furnitune owed to you by a spouse or the child, parent, or sibling of you or your spouse. Ru \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child. eeeeeee constraints are appeared (.e., creat card) only in the balance at the close of the reporting behod exceeded

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		B.W	Example				
	6	Mifflinburg, Bank & Trust	First Bank of Wilmington, DE	Creditor	Creditor		
		8 17	5/20	Date Liability Incurred MO/YR			
	, 0	Month age on Kubal PA	Mangage on Rental Property, Dover, DE	Type of Liability			
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				\$25,000,001~ \$50,000,000	-		
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## SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, pertner, proprietor, representative, employee, or consultant of any corporation, firm, pertnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religibus, social, fraternal, or political entitles (such as political parties and campaign organizations); and positions solely of an honorary nature.

			Position
			Name of Organization